



**TOWN OF ISLIP  
OFFICE OF THE TOWN CLERK**

**REGINA V. DUFFY**  
TOWN CLERK & REGISTRAR

**Taxi Business License Application**  
**Fee: \$150**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

*List below name and resident address of all officers, partners, directors and stockholders (if there be any other than that of the applicant):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Workers Compensation Compliance: \_\_\_\_\_

**\*\* For Office Use Only \*\***

Application Date: \_\_\_\_\_

Business License: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_